

REQUEST FOR CONSULTATION SERVICES

Return to: Wyoming Workers' Safety
Consultation Services
1510 E. Pershing Blvd – West Wing
Cheyenne, WY 82002
Telephone: 307-777-7786 Fax: 307-777-3646

IMPORTANT
IF YOU **DO NOT** GET CONFIRMATION THAT WE
RECEIVED YOUR TECHNICAL ASSISTANCE
REQUEST WITHIN TWO (2) WEEKS, PLEASE
FOLLOW UP WITH A PHONE CALL.

Please print or type all information. Use a separate form for each job site or location.

Company _____ Point of Contact _____
Mailing _____
Address _____

(street) (city, state, zip)
Telephone _____ Fax _____ Email _____

(to receive correspondence by email)
Jobsite Address* _____
*If Different Than Mailing (Street) (City/ State/Zip)

Please describe the nature of your business or projects that require a consultation. It is important that you explain what your business is and does.

Number of employees (Payroll) employed in this establishment _____

Number of employees covered by this specific consultation _____

Total number of employees controlled by the employer nationwide _____

INDICATE TYPE OF CONSULTATION SERVICE DESIRED

☐ **Full Service Health and Safety Consultation** (Includes both Program Assistance and Workplace Survey)

Note: Companies that have 250 employees on site or 500 nationwide are not eligible to receive full service surveys. Companies meeting these criteria may request specific assistance.

Limited Service

☐ Safety _____ ☐ Health _____ ☐ Noise Survey _____ ☐ Air Survey _____

Program Assistance

<input type="checkbox"/> Health and Safety	<input type="checkbox"/> Hazard Communication	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Respiratory Protection
<input type="checkbox"/> Bloodborne Pathogens	<input type="checkbox"/> Confined Space	<input type="checkbox"/> Anchor Tester	<input type="checkbox"/> Personal Protective Equip.
<input type="checkbox"/> Hearing Conservation	<input type="checkbox"/> Process Safety	<input type="checkbox"/> Other Services _____	

☐ **Seminars and Training** _____ Date Services Required _____

The undersigned understands that all serious hazards or program deficiencies identified must be corrected, and failure to do so may result in a referral to the Administrator for possible enforcement action.

Requesting Person's **Signature** and **Title** (Required to apply for assistance)

Date